

EQUIPMENT LOCATION VERIFICATION FORM

You Must Print This Form, Complete all Fields, and Fax to: (256) 544-8752

To The Attention of JANE POSEY, IS30 4200/ROOM 522G

Serial Number: _____

Location:

☐

MSFC

Building Number: _____

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MAF

Room Number: _____

" I (POC) _____ verify that the equipment listed is present and located at this installation in this building number and room number."

Multifunctional Device POC's Signature: _____

Date: _____